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THE JOURNAL OF SCHOOL HEALTH

Devoted to the interests and advancement of school health service and instruction. Your participation by membership is solicited.

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A GENERATION OF SCHOOL HEALTH

Report of the Executive Secretary-Treasurer for the Year 1956-57.*

A. O. DEWEESE, M.D.

We trust that each of you as a member of the American School Health Association is comfortable. However, if you are still wearing your old school health professional garments of last year as expressed in your co-operative, organized endeavors through the American School Health Association, you should be most uncomfortable. You should be sadly in need of a whole new professional wardrobe.

As an organized professional group, you are almost one-fourth taller, wider, and heavier than you were last year at this time. Never in the history of your thirty-one years have you shown so much growth and development in any one year.

Last year you welcomed 1,525 new members into your school health family. Your annual mortality rate through deaths, retirement because of age and marriage, and change of profession is about eleven percent. This leaves an overall increase in your membership of almost one thousand members. You are now an organized professional group of 5,606 school health workers. 829 of you are physicians; 64 are dentists; 42 are dental hygienists; 2,182 are nurses; 1,195 are health educators; and 1,294 are in the miscellaneous groups. You are found in every state and territory of our nation and in thirty different foreign countries.

Even though last year your official publication and monthly visitor, the Journal of School Health, was increased in size and content, you still have a balance in your treasury of $6,605.34.

To have survived for thirty-one years in our competitive society, and to have shown such phenomenal growth and development in your thirty-first year indicates certain facts:

1) There is a need in our society for such an organization devoted entirely to school health education and consisting of a closely knit family of school physicians, dentists, nurses, health educators and teachers of health education.

*Presented at the Thirty-first Annual Meeting of the American School Health Association, Cleveland, Ohio, November, 1957.

2) You have been zealous in supporting and maintaining a national organization to express your faith, combined talents, and health education leadership.
3) You have kept your organization sensitive to the current needs of school health, and progressive and flexible enough to adjust to those needs as they arise.

A glance at your past history indicates your faith and devotion to school health and your ability to adjust to the ever changing needs for leadership in school health. You started out a third of a century ago as a school physicians association. When dentists and school nurses came into the school health picture, you included them. When a number of young personnel were trained in both education and the basic medical sciences, you added them as another allied medical science group. When school dental hygienists came into the school health program, you included them. When the nurse-teacher came on the scene, you gave her a home.

You have a record of thiry-one years of uninterrupted Journal issues. You have never missed a month of the school year in getting your message to the professional public. In the midst of financial difficulties and all other professional vicissitudes, the School Health Journal has always gone to press.

Its value and influence is attested by the fact that many professional libraries now covet a complete file of these issues. They contain a complete history and record of America's aims, dreams and accomplishments from the early beginning of school health to the present.

Your professional national organization has now existed for one generation. The school physicians, dentists, nurses, and health educators comprising it were the pioneers and represent the first generation of school health personnel in America. They built well and functioned effectively and enthusiastically in their generation. They planted the seed, the little acorn of school health, in the fertile soil of our American schools. They saw it sprout. They carefully nourished its early growth. They cultivated it, pruned it and guided its development. It is now a mighty oak with its branches covering every state of the Union as well as neighboring countries.

It is now up to you, the second generation of school health personnel to preserve it; and nourish it by combining and cooperating your talents for school health leadership. It is your responsibility to see that its growing branches with a healthy foliage keep a protective canopy of health over the children of America.

If you do this, then this old first generation of pioneers will

not have dreamed and labored in vain, and we can comfort them with a fable of the old hermit and the oak:

The little oak was dying of thirst in a cyclic drouth. The old man crawled on his hands and knees to carry it water in his hat. The little oak survived and during the cycle of moisture grew and flourished. It dropped its acorns in the surrounding soil and soon there stood a mighty forest. The birds and animals enjoyed its paradise and its leaves enriched the soil for myriads of flowers and plants.

None of these ever knew or thought about the old man crawling with water in his hat, but he was there in every flower and plant and in the song of every bird to enjoy the marvel of his universe.

In another hundred years, progress brought the lumberman. The mighty oak was quartersawed. In a short time a part of the heart of the oak was a massive door to the office of a distinguished executive. It's beautiful grain was admired by all who entered the door marked "Private." Through it went the distinguished men of the Nation. None knew about the old man, but he was in the heart of the door and knew them all.

Another piece of its lumber became the luxurious dressing table of a beautiful young bride. She loved and admired it and gave it proud and loving care. She never knew about the old man, but he revelled in the part he had played in giving one so beautiful so much joy and pleasure.

Where the old oak stood, it and its progeny had enriched with their foliage and rootlets a once barren soil. It was now a fertile farm of a happy young family. It was here that the old man liked most to be. He was always a part of the flowing grain fields, the flowers of the housewife's ministration, the happy laugh of the children, and healthy growth of each farm animal.

Of course, they never knew that the old man was around. But why should he care? He was happy in his part of an everlasting, progressive Universe. So be it with the pioneers of the first generation of school health.

With this we can "let the dead past bury its dead", and place our faith in you, the second generation. With such a history behind you; with its long list of past accomplishments; with the recognition now being given to your present accomplishments; with an organization that makes possible even greater future accomplishments for you; and with a membership almost half as large as the entire Congress of the American Public Health Association, you should indeed be proud that you are a member of the American

School Health Association with the privilege it gives you of enriching your life span on this old earth. If you are proud and appreciative you will be a missionary to some forlorn and shipwrecked school health brother and bring him into the fold of the membership of your Association.

Remember that most of the members of this first generation would have had little or no influence in school health outside their own communities had it not been for their co-operative efforts through the organization of the American School Health Association. Much of their talents and influence would have been lost in their life time. The same principle will be true for your professional life span. So the first generation of school health can say to you in the words of the poet:

Lives of great men all remind us
We can make our lives sublime,
And, departing, leave behind us
Footprints, on the sand of time;

Footprints, that perhaps another,
Sailing o'er life's solemn main,
A forlorn and shipwrecked brother,
Seeing, shall take heart again.

Let us, then be up and doing,
With a heart for any fate;
Still achieving, still pursuing,
Learn to labor and to wait.

* * * * *

REVIEW

Juvenile Epilepsy: Report of a Study Group. *World Health Organization: Technical Report Series*, 1957, No. 130; 44 pages. Price: 1/9d. $0.30, or Sw. Fr. 1.—. Also available in French and Spanish.

In October, 1956, a WHO Study Group on Juvenile Epilepsy met in London with the dual aim of obtaining as comprehensive a picture as possible of the problem of juvenile epilepsy. The report of this Study Group is directed mainly at the persons responsible for the organization of public health services in positions where they are able to influence the development of community services, but it is also of considerable interest to all those whose work may bring them into contact with the young epileptic.

The Study Group included specialists from a number of European and American countries and represented a variety of disciplines; physiological, paediatric, psychiatric, genetic, and social.

THE REPORT OF THE COMMITTEE ON SCHOOL HEALTH SERVICE FACILITIES OF THE AMERICAN SCHOOL HEALTH ASSOCIATION*

A crying need for a study of school health facilities has been apparent during the past few years due, in part, to the rapid growth in population in practically any area of the country. As more and more schools become necessary, school personnel, especially the physicians and nurses, have become quite concerned as to the type of school health facilities that are going to be provided. In some instances, new buildings have been planned without thought of health rooms, units or suites. This type of situation is regrettable—one for which there is no reasonable alibi. New school buildings usually increase property taxes which are already "sky-high" in many locations, yet it is false economy to build a school without providing *all* essential educational and service elements. Who among us dares to refute such a statement?

Throughout this report the term "clinic" was purposely avoided and the terms "health unit," "health rooms" or "health suites," used in preference. The word "clinic" is defined in medical dictionaries as, "1. Medical instruction given at the bedside, or in the presence of the patient whose symptoms are studied and whose treatment is considered. 2. A place where such instruction is given. 3. A gathering of instructors, students, and patients for the study and treatment of disease. 4. A place where medical care is given to ambulant patients who live at home." In contrast, the health unit in a public school is established primarily for the benefit of pupils in school and must not be considered A TREATMENT CENTER, (except for first aid).

The school health program as a significant part of the educational function of the public schools is beginning to be recognized as an important responsibility of the board of education. For example, in 1950 a national survey revealed that in 91 per cent of cities with a population of 2500 persons or more, some type of school health service was being provided. In 60 per cent of the cases, the board of education had sole administrative authority for the program while there was joint responsibility between boards of health and boards of education in 23 per cent of the cities studied. Thus, in 83 per cent of the cases, the board of education had all or at least a part of the responsibility for the school health

*Presented at the Thirtieth Annual Meeting of the American School Health Association, Atlantic City, N. J., November, 1956.

program. It is clear from these data that the type of health program depends in a large measure upon the willingness of the board of education as the policy making body to lend its support to the program. Only through that support can an effective program be developed and suitable accommodations in school buildings be provided. Equally important to a successful school health program are the efforts exerted by school staff members, teachers, nurses, principals, and doctors in its planning and execution. Keys to success are cooperative planning and coordinated effort of those concerned. Although general objectives underlying most school health programs are similar, it is unlikely that any two programs will be exactly alike since needs vary widely in each community. Large urban communities will be quite different from small rural districts. The first step in providing adequate facilities is to agree upon what is to be accomplished in the health services program. A statement of purposes and functions such as the following will be helpful as basic considerations:

1. Determining the health status of pupils (school health examinations, dental inspections, vision and hearing tests, height and weight measurements)
2. Counseling pupils and informing teachers and parents of the findings
3. Assisting in disease control (isolation of ill child, immunization procedures, screening for suspected contagious diseases including ringworm of the scalp and the "nuisance diseases" such as head lice, scabies and impetigo)
4. Providing emergency care for sick or injured
5. Maintaining health records of pupils (in some smaller cities or rural communities the health records are kept in the principal's office)
6. Keeping central first aid supplies
7. Providing work quarters for the nurse who serves the school

After the aims of the program have been established, they must be thoroughly studied by school staff members in order to determine what physical facilities will be required in the school building to house the program adequately. These requirements should be written in such a way that architects, engineers and contractors will have a clear understanding of the program and be able to design the health service unit properly. These design criteria will not only assist in guiding the various phases of construction but also will serve as a basis upon which the completed facilities may be evaluated so that any subsequent facilities can be improved. Although planning for these facilities in new buildings may be relatively easy and result in quite adequate accommodations, the possibilities of remodeling existing buildings should not be overlooked since careful study will reveal many possible solutions to the problem of adequate housing in older buildings.

Obviously, individual school staffs will develop their own design criteria suitable for the specific situation. However, the following are suggested as examples:

1. The first criterion should be a healthful and safe environment.

2. Functional adequacy is probably the most obvious design objective. Unless health service facilities provide the right space for the job to be done, time and money are wasted. Functional adequacy means different things to different people but such considerations as the following are important. The health service unit should be located for easy access by pupils, teachers, doctors and nurses. Examination rooms should be large enough to accommodate the examination table, nurse's desk, and other equipment which is necessary. Storage spaces must be designed specifically for medical supplies, blankets, cots, and other items to be stored. The various spaces must be well lighted, heated and ventilated, and so designed that conferences with children, teachers, and parents may be carried on in privacy. Sinks, counters and work spaces should be built to fit the children who use them.

3. A second criterion which must be considered in the construction of health service facilities is that of economy. The meaning of economy varies with the point of view of the specific individual or group. To many, economy means providing everything at the lowest possible cost without regard for the purpose being served. Quality is not important on this basis. On the other hand, it is common knowledge that high price and high quality are not synonymous. The problem of the health service staff, the school staff, the architect, and others, therefore, is to provide facilities of the appropriate quantity and quality for the job to be done. To accomplish this end, thorough study must be made of the facilities needed as well as to evaluate the durability, function, appearance, and cost of materials of construction. Omission of needed space or facilities which reduce staff efficiency is not real economy. A common error is that of considering initial cost without regard for maintenance costs during the life of the building.

Other design criteria usually considered are those of flexibility, expansibility and aesthetic quality.

The American School Health Association recognized that many school systems needed assistance as they faced the problem of providing suitable health service facilities for their schools. Therefore, this committee was appointed to study the needs and to suggest ways of solving the problem. The committee was aware

that there existed no standard clinic or health service unit which would serve all schools, urban or rural, large or small, with their widely varied programs. The committee, therefore, defined its job as twofold: (1) that of describing existing facilities as shown by drawings or plans of health service units already built or under construction and, (2) summarizing opinions and judgments of people with experience in the field of school health services.

Statistical data were taken from plans, drawings or sketches submitted in response to letters sent to directors or other staff personnel responsible for the administration of the health program. Information received was circulated among members of the committee for review, analysis and comments. These served as a basis for the statements describing an average health service unit. Obviously, interpretation of the data should be made cautiously since the number of cases reported for some facilities is small. It is suggested, therefore, that the results be treated as valuable in giving direction to planning and thinking rather than in terms of absolute quantities.

Requests for information were directed to 53 cities throughout the country. Personnel in 42 cities responded with data describing 70 health service units. Some school systems did not have any available school health suite plans and apparently no attempt was made to produce them. On the other hand, other superintendents of schools and health service directors went to a great deal of trouble to secure the requested plans for this committee's use. The following tabulation shows the frequency with which the various facilities are provided in the cities which responded:

Facilities	*Number of health service units providing facilities*	
Toilets	69	(1 unit with 5) (4 with 3) (8 with 2)
Cot rooms	61	(23 units with 2)
Examination rooms	53	
Waiting rooms	38	
Storage	26	
Dental examination rooms	15	
First aid	15	
Offices	14	
Dressing rooms	12	
Isolation rooms	6	
Conference rooms	5	

It seems reasonable to conclude from this tabulation that the average health service unit might consist of at least five elements as follows:

Examination room
Cot room or rooms
Toilet rooms
Storage facilities
Waiting space

As a next step in attempting to describe an average or median health suite, areas of the various elements outlined in the drawings were measured and compared. These data are tabulated as follows:

	Elementary School			Secondary School		
Room	No. of units	Median Size (sq. ft.)	Range (sq. ft.)	No. of units	Median Size (sq. ft.)	Range (sq. ft.)
Examination	9	178	73-208	19	209	72-385
Cot	4	73	64-185	19	168	47-768
Toilets	7	20	18- 39	11	26	18- 42
Storage	3	10	9- 22	3	14	10- 49
Waiting	6	122	90-195	12	165	80-358
Dental	5	144	110-152	2	118	116-120
Office	2	124	106-143	3	110	66-126
Dressing	2	49	14- 84	3	14	12- 14
First aid	1	192		3	60	36-176

As the foregoing data are reviewed, it becomes obvious that terminology may make conclusions subject to question since, for example, a small examination room in one school is obviously not used for the same functions as a large examination room in another school. However, knowing that there cannot be a standard health unit which will serve all needs in all situations, it may be of some help to indicate what an average health unit might be like on the basis of the statistical information.

The elementary school health service unit would probably consist of the following:

Examination room
Cot room
Toilet room
Storage spaces
Testing and dressing room
Waiting room
Dental examination room in same cases

The space needed for the average elementary school unit would be approximately 400 square feet and would be located near or adjacent to the school office on the main floor and convenient to the main entrance of the building, and would open into a main corridor. One of the several advantages of having the health unit near or adjacent to the administrative offices is the provision of supervision by administrative personnel when the nurse or other health service personnel are not present. Ill pupils can then be

kept under close observation when the nurse, for instance, is not in the building, or is in a distant part of the building (such as lunch room). If, as in some cases, the health suite is located in a distant part of the building or on another floor and no nurse is present, who watches over the ill child who may have fainted or is vomiting or choking? We must bear in mind that most little tots become quite frightened when taken suddenly ill and need assurance that some adult is standing by and ready to lend a helping hand.

Floors would be laid with an easy-to-maintain covering such as linoleum, linotile, asphalt, vinyl or rubber tile; walls would be constructed of a material similar to glazed structural tile; ceilings would be treated with acoustical material; heating and ventilating would be adequate in all spaces; lighting appropriate to each space would be provided; artificial illumination and mechanical ventilation are important but accessibility to windows for natural light and ventilation are also essential, especially for the cot rooms and examination room. Such an arrangement is a good morale booster for the pupils and health service personnel; paint colors for all areas would be selected with care in order to provide a restful harmonious atmosphere.

Health service units for secondary schools would be located centrally, probably near or in the administrative area and would consist of at least the following elements:

Examination room
Two cot rooms
Two toilet rooms
Storage spaces
Waiting room
Testing room

Space required for such a unit would approximate 600-700 square feet of floor space. Finishes, lighting, heating and ventilating would be similar to those provided in the elementary health unit.

Other data of a more subjective nature, but valuable nevertheless, were compiled from comments made in response to requests for information about school health facilities.

Rooms and spaces which were mentioned as important elements in the health suite included the following:

*Waiting	*Nurses office	Dressing
*Rest	Testing	Isolation
Work	Dental examination	Conference
Counseling	*Toilet	Storage
*Examination	First Aid	

Starred items were those mentioned most frequently. It appears, that on the basis of these comments, the average unit would contain about the same major elements as those noted in the foregoing section. Other general statements which help describe the health service unit include such as the following:

1. Future expansion should be considered.
2. The unit should be located near the administrative area for ease of supervision and away from noisy areas such as the shops, gymnasiums and music rooms.
3. Finishes should be of a type which can be easily maintained.
4. Attractive colors are important.
5. Service facilities such as sinks, lavatories, counters and toilets should be of appropriate size for the pupils to be served.
6. Telephones are a necessity.

This study represents the beginning of an activity which, if continued, could be of great help to those responsible for planning health service facilities for the school buildings of the nation. The work should not stop with this report but should be continued not only for the purpose of keeping current the survey of existing facilities but also to assist planners (1) to develop a suitable school health program, (2) to translate the program into physical requirements in the school plant, (3) to develop ways of interpreting the school health program to school staff, citizens and members of boards of education, (4) to maintain adequate support for the school health program.

Recommendations: It is recommended that a copy of this report be offered to the editors of such national educational publications as the *American School Board Journal, The Nation's Schools, Journal of the American Medical Association, The Journal of the N.E.A., National Council of P.T.A., The American Journal of Nursing, Architectural Record,* and *Architectural Forum.*

It is further recommended that consideration be given to the sending out of a formal type of questionnaire on school health facilities to all school districts with a school population of 2,500 or above. Such a project would certainly give valuable information about school health facilities in the United States.

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Appendixes I and II, and Figures I and II, refer to suggestions for Elementary and Secondary Schools.

Appendix I.

3.11 Health Service Unit—Elementary Schools

3.11 a. *Location of the unit with respect to other facilities* adjoining administrative unit.

3.11 b. *Spaces included*

1. General work room 10′ x 12′ (with windows).
2. General testing and dressing room minimum 8′ x 10′.
3. Cot room, 8′ x 9′ (with windows).
4. Storage closet.
5. Toilet room.

3.11 c. *Specific activities housed*

1. Care for sick or injured children.
   First aid.
   Rest (on cot) lying down.
2. Conference between health service personnel and teachers, children and parents.
3. Screening tests for vision, hearing, and dental defects.
4. Examination by physicians.
5. Inspection for pediculosis, scalp ringworm (requires dark room), and skin conditions.
6. Weighing and measuring.
7. Immunization of children.
8. Maintenance of records.

3.11 d. *Storage spaces*

1. Closet to accommodate hats and coats of nurse and doctor, as well as blankets, pamphlets, stock and medical supplies.
2. Cupboards with adjustable shelves 12″ deep over work counter.

3.11 e. *Work spaces*

1. Work counter 4′ long and 24″ deep, and 30″ from floor.
   Sink mounted in work counter.

3.11 f. *Tackboard*

3′ x 4′ panel in examination room.

3.11 g. *Chalkboard*

None necessary.

3.12 h. *Plumbing facilities*

1. Water closet in toilet room.
2. Lavatory (30″ high) with hot and cold water supply and mixing faucet.

3.11 i. *Electrical provisions*

1. Outlets will be required for eye chart, sterilizer, and other equipment.
2. Duplex outlet over work counter.

3.11 j. *Furniture and equipment*

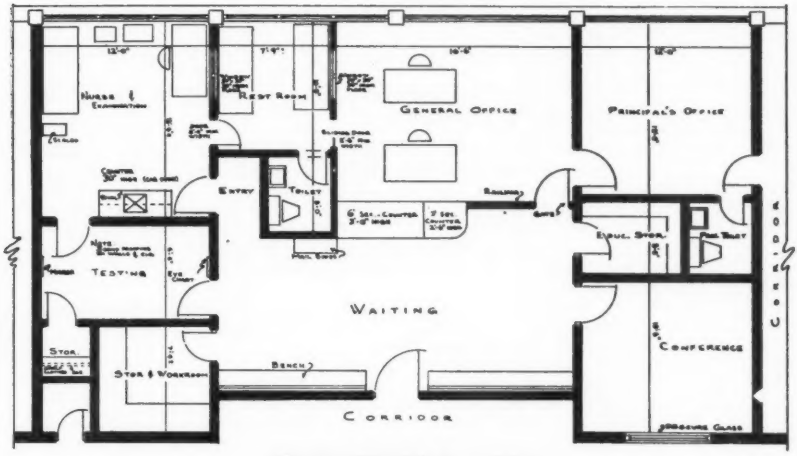
1. Cabinets with adjustable shelves under work counter.
2. Scales.
3. Eye chart with plate glass mirror located at a distances of exactly 10 feet.
4. Double pedestal desk, 5′ x 2½′.

5. Examining table, 30" x 72".
6. Telephone on nurse's desk.
7. Small table on casters.
8. Cots—one for each 300 children.

3.11 k. *Miscellaneous items*

1. Light, heat and ventilation are essential in each area.
2. Circulation is needed for groups of children. Entrance to the clinic from the office waiting area.
3. Privacy is required during medical examinations and for conferences with parent and child.
4. Recessed clothing hooks for children's clothing are needed in testing room.
5. The cot room should have windows 30" above floor so that the room may be supervised by the school clerk or the nurse. Doors should open into the clinic and to the general office.
6. The general testing room needs to be soundproofed for hearing tests. This room should have a door into the clinic as well as into the office waiting area.
7. The nurse gives one-half day of time per week for each 125-150 children enrolled. Full time nursing service is considered for all buildings with enrollments of 1000 or more pupils.

Figure 1



ADMINISTRATIVE AREA
FOR
ELEMENTARY SCHOOLS

Appendix II.

3.13 Health Service Unit—Secondary Schools

3.13 a. *Rooms and spaces included*
1. Two rest rooms, one for boys and one for girls.
2. One toilet room.
3. One examination room to be used also as a nurse's office.
4. One sound proof testing room.
5. One waiting room which should be separate from waiting room for administrative offices.

3.13 b. *Location of the unit with respect to other facilities*
1. The clinic should be a part of the administrative unit and located adjacent to the general office.

3.13 c. *Specific activities engaged in by pupils and teacher*
1. Physical examinations.
2. First aid and emergency care of illnesses.
3. Special vision and hearing tests.
4. Personal conferences.
5. Pupil rest spaces.
6. Immunizations.
7. Dental inspections.

3.13 d. *Size and pupil capacity*
1. Pupil capacity — 7-8 pupils for the usual function and occasionally 20-30 pupils for vaccinations.
2. Suggested dimensions — 24′ x 32′ overall.
   (a) Boys' rest room approximately 115 sq. ft.
   (b) Examination room about 145 sq. ft.
   (c) Girls' rest room 135 sq. ft.
   (d) Testing room about 95 sq. ft. Testing room must have one dimension of at least 10′ for vision testing. Soundproofing is needed for hearing tests.

3.13 e. *Storage facilities*
1. Waiting room.
   (a) One cupboard closet 3′ wide x 2′ deep and 7′ high with coat space.
   (b) Cupboards with adjustable shelves 24″ deep for the storage of miscellaneous supplies.
2. Examination room.
   (a) Counter with sink, 36″ high, approximately 4′ long and 20″ wide providing storage cabinet with adjustable shelving underneath.

3.13 f. *Chalkboard and tackboard*
1. Chalkboard—none.
2. Tackboard, 1 panel 42″ wide and 6′ long located in the waiting room. Bottom of the panel should be 30″ above floor.

3.13 g. *Plumbing facilities*
1. Water closet and lavatory in toilet room adjacent to the wating room and girls' rest room.
2. One lavatory in boys' rest room.
3. Lavatory in the examination room.

3.13 h. *Heating and ventilation*
1. Adequate heat and ventilation are necessary in all areas.
2. Ventilating grilles should not be installed in doors in this area in order that complete privacy can be maintained.

3.13 i *Electrical provisions*
1. Duplex electrical outlets.
   (a) Two in testing room.
   (b) Two in examination room. The outlets in the examination room should be on separate circuits in order that the sterilizer or other equipment requiring a large amount of current can be accommodated.

2. Telephone.
   (a) One outlet over the nurse's desk or on outside wall.
3. Lighting.
   (a) Standard lighting fixtures which will provide 25-30 foot candles of illumination in all areas except rest rooms. In rest rooms, lighting should be installed so that no direct light shines into the faces of pupils who are lying down.

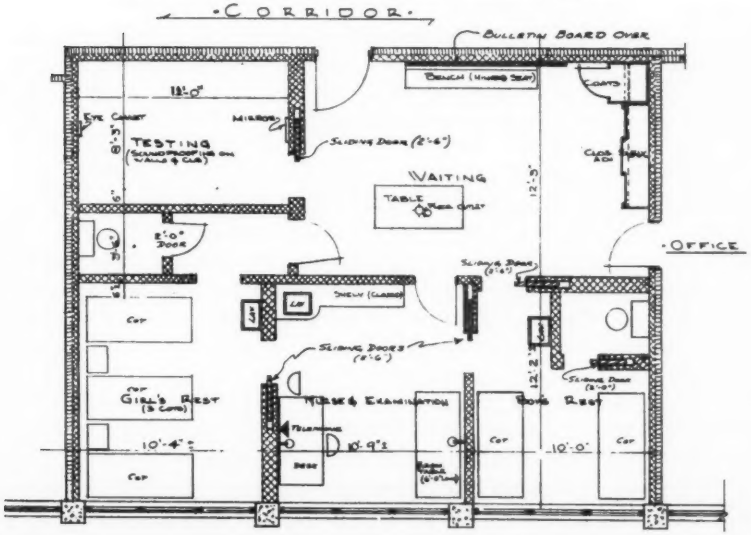
3.13 j. *Suggested finishes*

1. Floors—linotile or plastic tile.
2. Wainscot—glazed tile to door head.
3. Walls—painted plaster.
4. Ceiling—perforated acoustical tile.
5. Trim—natural finish hardwood.

3.13 k. *Furniture and equipment*

1. Boys' rest room.
   (a) 2 cots approximately 2½′ x 6′ each.
2. Waiting room.
   (a) 1 table 3′ x 6′,
   (b) 8 straight chairs.
   (c) 1 bench to seat approximately 6 pupils.
3. Examination room
   (a) 1 examination table, 2′ x 6′.
   (b) 1 desk, double pedestal, 3′ x 6′.
   (c) 3 straight chairs.
   (d) 1 small auxiliary table.
4. Girls' rest room.
   (a) 3 cots approximately 2½′ x 6′ each.
5. Testing room
   (a) 5 straight chairs.
   (b) 1 table.

FIGURE II—Standard Health Suite for Secondary Schools.



REVIEWS

HEALTHFUL SCHOOL LIVING

A Report of the Joint Committee on Health Problems in Education of the N.E.A. and the A.M.A. with cooperation of contributors and consultants.

Editor, CHARLES C. WILSON, M.D.

Professor of Education and Public Health, Yale University

$5.00 order from N.E.A.—1201 Sixteenth St., Washington, D. C., or A.M.A., 535 No. Dearborn St., Chicago 10, Illinois.

This is a companion volume to *Health Education* and *School Health Services* also edited by Dr. C. C. Wilson. The emphasis, as the title implies, is focused upon the total school environment, physical, social and emotional. This is a long overdue compilation of expert opinions on such subjects as classroom management, community responsibility, teacher-pupil relationships, programming, safety, the school lunch program, and physical factors in an adequate school environment. The importance of administration in the setting up, and the support and guidance of a program for healthful school living is clearly demonstrated in the discussion of such topics as policies; budgeting; procuring of adequately trained, emotionally stable personnel; the delegation of responsibility for various phases of the health program; the coordination of effort through adequate leadership; and the utilization of community resources.

A study of special health problems in rural schools, and the appending of a check-list to serve as a basis for evaluation of one's school health program, make this compact volume a valuable resource for school health personnel.—*M.A.H.*

* * * * *

E. E. LeMasters: *Modern Courtship and Marriage*—The Scientifiic Study of Modern Courtship and Marriage does not hope to solve all problems arising out of these social relations, nor yet insure a successful marriage, or prevent unsuccessful ones. A reduction of the strikingly high incidence of divorce can be hoped for only by understanding and facing some of the problems inherent in adjustment to modern family living, and through guidance before marriage as well as counselling after marriage.

The importance of the choice of a life partner and some of the problems which must be solved to make a marriage work are freely discussed and illustrated with carefully chosen examples.

The book is divided into three parts: *Perspective,* which examines tradition, folklore and myth in American courtship and mar-

riage; the *American Courtship System* with its student-oriented discussion of problems facing the young adult during courtship and preparation for marriage, and finally *Marriage in Modern Society* where problems of family living and home maintenance are squarely faced. They are the familiar ones of inlaws, finances, religion, childrearing, and maturation. Not only does this text help the college student with his "on-the-spot" problems, but it should fortify him with information on which to base the later important decisions he may have to make.—*M.A.H.*

* * * * *

PERSONAL

Public Health Loses A Great Leader

REGINALD M. ATWATER, M.D., 1892-1957

Executive Secretary, American Public Health Association, New York City, 1935-1957

Dr. Atwater, who was a native of Colorado, born in 1892, graduated at Colorado College in 1914 and from Harvard in 1918 with the M.D. degree. He was an intern at the Peter Bent Brigham Hospital in Boston and then was a Rockefeller Foundation fellow in public health taking the master of Public Health and Doctor of Public Health degrees at Johns Hopkins University School of Hygiene and Public Health in 1920 and '21.

Dr. Atwater went to China under the Yale in China organization and served as associate professor of preventive medicine and public health in the Hunan Yale College of Medicine, Chungsha, China, 1921-25. Returning to the United States he was on the staff of Harvard Medical School and Harvard School of Public Health teaching preventive medicine and epidemiology and conducting research in the fields of pneumonia and rheumatic fever.

Dr. Atwater became Executive Secretary of the American Public Health Association in 1935, was Managing Editor of the American Journal of Public Health and Chairman of the Program Committee. He was also a special consultant to the United States Public Health Service and a board member of the National Health Council.

Cuba gave him the Order of Carlos J. Finlay in 1930. Ten years later Colorado College awarded an honorary degree to him. He also received the association's Sedgwick Memorial Medal and was made an honorary fellow of the Society of Medical Officers of Health in Great Britain in 1952. In 1957, he was elected an Honorary Associate Fellow of the American Academy of Pediatrics.

MEETING

Youth Fitness Discussed at School Conference—Youth fitness and how it can best be achieved was the major theme of the Sixth National Conference on Physicians and Schools held at Highland Park, Ill., Oct. 30-Nov. 2, 1957.

Approximately 225 physicians, public health officials, educators, and representatives of related organizations participated in roundtable discussions at the conference, sponsored biennially by the American Medical Association and its Bureau of Health Education.

The opening session featured greeting messages from Ernest B. Howard, M.D., assistant general manager of the A.M.A.; Franklin Yoder, M.D., president, Association of State and Territorial Health Officers; Dean Schweickhard, Ph.D., president, National Council of Chief State School Officers, and Shane McCarthy, J.D., executive director of President Eisenhower's Council on Youth Fitness.

In addition, W. W. Bauer, M.D., director of the A.M.A.'s Bureau of Health Education, spoke on the "Past, Present, and Future in Fitness."

After the first general session, participants organized discussion groups and began their analyses of problems. There were 10 groups, dealing with the following subjects:

The Physician and Youth Fitness; Community Coordination for Youth Fitness; Mental-Emotional Aspects of Fitness; Dramatizing Basic Fitness Procedures; Medical Guidance in Girls' Physical Recreation Activities; Special Health Problems in Athletics; Fitness of School Personnel; Optimum Fitness for Youth with Special Health Problems; Accident Prevention and Youth Fitness, and Food Factors in Fitness.

The second general session of the conference was held Wednesday night, after dinner. Fred V. Hein, Ph.D., consultant in health and fitness, Bureau of Health Education, A.M.A., acted as moderator. The discussion dealt with school health programs around the nation.

The third general session of the conference, held Thursday afternoon, consisted of reports on school health activities of the American Academy of Pediatrics, the American Dental Associa-

tion, the American Public Health Association, the American School Health Association, the National Education Association, and the National League for Nursing.

Representing these organizations were George Maksim, M.D.; Perry Sandell, Elena M. Sliepcevich, D.P.E.; Ralph Boatman, Ph.D.; Elizabeth Avery Wilson, Ph.D., and Dorothy Rusby, R.N.

Donald A. Dukelow, M.D., consultant in health and fitness, Bureau of Health Education, A.M.A., acted as moderator.

On Friday, the various groups held their final sessions and prepared their summaries. In addition, three summarizers gave brief reports on what they felt were the highlights of all the group discussions.

John L. Miller, Ed.D., Great Neck Public School, Long Island, N. Y., reported on the discussion groups from the educational viewpoint.

John L. Reichert, M.D., department of pediatrics, Northwestern University Medical School, gave his impressions of the various group discussions from the medical point of view.

John W. Shackelford, M.D., Oklahoma State Department of Health, called for better liaison between the teacher and the doctor.

Wallace Ann Wesley, Hs.D., consultant in health and fitness, Bureau of Health Education, A.M.A., acted as moderator.

* * * * *

NOTES

Basil O'Connor, president of the National Health Council, announced the election of the U. S. Office of Education to advisory membership and the National Nephrosis Foundation to active membership in the Council. The two newest members bring to 63 the total number of organizations in the National Health Council. Its membership consists of voluntary and governmental health agencies, professional associations and civic and business firms having a major interest in health. The Council serves as a conference ground for these groups to plan together for better health for Americans. Its headquarters are at 1790 Broadway, New York.

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NEW FIRST-AID TEXT

Washington, D. C.—A new, revised first-aid textbook has been published by the American Red Cross and is now available at chapter offices throughout the country. The book replaces one that has been in use the past 12 years.

PREPARING THE SCHOOL HEALTH SPECIALIST FOR TEACHING ALL GRADES

DONALD N. BOYDSTON, Ed.D.
and FLORENCE DENNY, M.A.
Department of Health Education, Southern Illinois University
Carbondale, Illinois

In professional literature concerning school health education programs, we are often reminded of the need for a properly-trained individual to guide, direct or coordinate the resources and personnel of the school and community in developing such programs.

The thesis — that one particular individual in the school must be given primary responsibility for such a task if the program is to succeed, is pretty generally accepted. However, the basic problem is that few people are being qualified by training to such a job, especially on the elementary level.

Recognizing this problem, the Department of Public Instruction in Illinois, recently issued a bulletin which described the special certificate as being valid in the teaching and supervision of special subjects in all grades.[1] Professional teacher groups and administrators have gone on record also as favoring specialists in such areas as art, music, physical education and health education in order to insure maximum benefits from such experiences for all children.

Realizing the impracticability of giving all school teachers an adequate background in health education, the Department of Health Education at Southern Illinois University has recently developed an undergraduate curriculum that would prepare these specialists.

Such preparation had to take into consideration that in Illinois, an elementary school teacher is not expected to major in an academic department; the student's major is called elementary education. A student must have 36 quarter hours in education in addition to a minimum of 12 quarter hours in student teaching. He must also carry 24 hours each in (1) the social studies, (2) the natural sciences, and (3) the language arts or the equivalent of a minor in each area.

In the process of working out the program, it became apparent that by electing certain secondary level professional and health education courses, it would be possible to prepare and qualify the individual teacher in three different ways: (1) as an elementary

1 "Minimum Requirements for Limited State Certificates," Illinois State Certification Board, January, 1956, Springfield, Illinois, 41 pp.

school teacher of all subjects, (2) as an elementary school health specialists, and (3) as a secondary level health education teacher. Obviously, such a person would be eminently qualified after several years of experience to serve as a health coordinator for a township or unit school district.

It was found that this could be accomplished within 204 quarter hours for all women students and a total of 210 hours for those male students who must take ROTC for at least two years. This would mean only 12 additional quarter hours of work for women students wishing to qualify themselves in this way and 18 additional quarter hours for male students. Veterans would need only 12 additional hours as 192 hours are required for graduation. A slightly increased load each semester would allow a person to complete the program in four years.

It was decided that practice teaching assignments should be divided, with eight quarter hours devoted to elementary school experience in all subjects, with particular emphasis on health and at least four quarter hours devoted to actual classroom teaching of health and safety on the secondary level.

In order to give the students at least a minimal background in the natural sciences, the following will be required:

General botany, general zoology, chemistry, introductory physiology, introductory microbiology, and mathematics.

Specific courses in health education required for the elementary-secondary school health specialist are as follows:

Personal and Community Health, Introduction to Health Education, First Aid, Communicable Disease, Child Development, Introduction to Safety Education, Introduction to Public Health, Health Appraisal of the School Child, Resources and Materials in Elementary Health Education, Organization and Administration of School Health and Field Work in School and Community Health.

Administrators who have become acquainted with the plan have indicated that such a person would be sought by many school systems.

Several elementary school majors have indicated that they will enroll in this curriculum, and it is hoped that in future years an increasing number of students will recognize the potentialities of such preparation.

Too, a person with this preparation virtually assures himself of being in constant demand in an area when teachers must be specialists and — to borrow a term from medicine — "general practitioners" of the education arts.

MEETING CHANGING NEEDS OF COLLEGE WOMEN

EVELYN A. DAVIES, Ed.D.

Registered Physical Therapist, Assistant Professor, University of California, Los Angeles

A girl in maternity clothes has become a common sight on many of our college campuses. She may be trying to complete her degree or to get as many credits as possible toward a teaching certificate before leaving school. She keeps apace with her classmates and asks no quarter from anyone! In fact, she often appears to feel sorry for girls who are not experiencing the exhilaration, joy and anticipation she is feeling. This, of course, is when she is in good condition physically, psychologically, and emotionally.

Need for Class: Although in most respects the pregnant college girl is a regular college student, she does have different needs from the average college woman. Her most important needs are related to her pregnancy. She needs and wants to achieve a state of well being which makes her pregnancy more enjoyable and she needs and wants skills which will assist her during labor. She needs to know about herself now and the normal changes which will take place.

Five years ago the Department of Health and Physical Education at UCLA recognized and accepted a responsibility in the education of the increasing number of pregnant coeds on the campus. A special exercise class was established to provide safe activity toward improving health and efficiency, to provide information about normal stages of pregnancy, and to provide an opportunity for prospective mothers to discuss their mutual problems.

Members of the first class appropriately named themselves the "pregnettes." Each semester a new group of girls enroll, some for the second time. Most of the girls are referred from the Office of Student Health or by a family physician; some come upon the recommendation of a former "pregnette." Enrollment in the class is restricted to girls who are pregnant and *who secure approval from their family physicians.*

Orientation to Class: The first few class sessions are spent helping the "pregnettes" feel at ease, and with the use of charts and discussions, helping each of them understand the stage of pregnancy through which she is passing. These discussions are continued throughout the course, whenever questions arise. The main

purpose of discussion, whether instigated by the group or by the instructor, is to help the prospective mother overcome her fear of the unknown. Many times the instructor is just a bystander, especially when the discussions concern problems such as the difficulty of preparing meals for "hard-working hubby" when one is on a strict diet, or when one becomes nauseated at the sight or smell of food. More frequently the instructor supplies scientific answers to questions, thus allaying fears, preventing misconceptions and "old wives' tales" from being passed along, and keeping discussions on the positive side. In general, this is sound modern health education.

Adjustment to Bodily Changes: With charts and other visual materials, a health educator or physical educator shows the "pregnette" how her body adapts to the growing foetus. When she understands the anatomical and physiological changes taking place within her, she usually accepts and adjusts more easily to them. When she understands why she feels moody or uncomfortable, she becomes anxious to learn some of the ways to alleviate these feelings.

Through simple selected exercises, the prospective mother improves her circulation, her flexibility and her mobility. She learns how she may relieve her swollen ankles and tired feet with exercise and massage and how to sit and lie more comfortably. In class the prospective mother learns how to stand and walk without getting "that backache." She learns to move with greater ease and efficiency which assists her to do her household chores without getting so tired. According to graduates of these classes, the most important thing the prospective mother learns is how to relax.

Exercises: In the beginning most of the exercises are executed from a supine or sitting position where there is less energy expended as the pull of gravity is lessened. As the class progresses, the exercises are more individualized. Although the entire class may perform the same exercise, the starting positions may vary, and thus the exercise may achieve a different purpose. In like manner some may do the exercises more strenuously or for longer duration than others. This is decided by the instructor and each "pregnette." No one is required to do any of the exercises. If there is any discomfort, the instructor suggests that the student discontinue the exercise.

Some of the exercises included are:

Supine position:

a. Alternate arm and leg raising and lowering (right arm and left leg, left arm and right leg).

b. Elevation of legs with heels supported.
A chair, davenport, or wall may be used for support, as long as the heels are above the hips. This is a popular position that is assumed for class discussions because it aids the venous circulation.

Hook lying position:

a. Diaphragmatic or abdominal breathing and costal breathing. The action of the diaphragm during breathing and during birth is discussed as a basis for this exercise. The knees are flexed to take unnecessary stretch off the lower abdominal muscles. Elimination of stretch also aids the efficiency of the diaphragmatic action. During this exercise the prospective "laborer" learns to concentrate on the rhythm of her breathing. She often relaxes since she can not worry about other things while concentrating on her breathing.

b. Pelvic rocking.
This is accomplished by contracting the gluteals and raising the lower part of the pelvis; then by relaxing the gluteals lowering the lower pelvis, and raising the upper part. Most of the girls in the class prefer the hook lying and hand-knee positions for pelvic rocking, but the exercise may also be performed in the supine position or on hands and knees. Rocking aids circulation, mobility and relaxation. For some it effectively eliminates backache.

c. Sit ups.
At first the instructor or some other member of the class may hold the knees or ankles of the performer to help her come to a sitting position. If there is much difficulty or any discomfort, this exercise is discontinued. The girls, however, have a great sense of achievement when they are able to do "sit-ups." From the hook lying position this exercise helps to strengthen the lower abdominal muscles.

Long Sit position:

a. Flexion and extension of the ankles.
Keeping the knees extended and bringing the toes as close to the leg as possible helps to stretch the calf muscles and increase ankle mobility which relieves leg cramps.

b. Foot circling.
Making small circles with the feet helps circulation in the feet and the mobility of the ankle.

c. Toe circling.
Keeping the heels on the floor and curling the toes under as far as possible seems to make tired feet feel much better.

Tailor or crossed leg sitting position:

a. Message.
While sitting in this position the girls massage their feet and legs as they discuss the progress of their pregnancy. Massage includes light and deep stroking with the entire hand, from the sole of the foot to the thigh. Stroking is followed by kneading, or grasping and releasing the muscle with the palm of the hand rather than the fingers. Putting both thumbs in the center of the feet and circling them toward the outside makes tired feet feel better. By aiding circulation and relaxation, massage often is an antidote for leg cramps.

b. Stretching muscles of hips and thighs.
While sitting in this position the tight muscles of the hips and thighs are being stretched, thus aiding the flexibility of the hip joint. To stretch them farther, the girls sit with the soles of their feet together, while letting their knees sink to the floor. Instead of forcefully pushing their knees to the floor, the "pregnettes" are told to try to relax the tight muscles in the hip and groin while drawing their feet closer to them. They are amazed to see their knees get closer to the floor as they

continue this exercise. According to some doctors, increase in mobility tends to eliminate much post-partum muscle soreness, and to make the patient easier to handle during labor.

Squatting position:

Stretching muscles of legs and thighs.

The "pregnettes" hold many discussions in the squatting position, with both heels on the floor and knees separated. At first some of them must grasp a support in order to maintain this position; later they usually are able to squat without assistance.

Frequently the "pregnette" is reminded to point her feet straight ahead and not toe outward, to help prevent stretching of the ligaments on the inside of the foot. Keeping these muscles and ligaments in good condition helps to insure a strong arch.

Hand and knees position:

Pelvic rocking.

As stated previously, the pelvic rocking exercise may be performed on hands and knees. At the termination of the pelvic rocking, the "pregnette" likes to swing her hips hula fashion. In addition to alleviating some backaches, this exercise also aids in increasing circulation and mobility in the hips and lower back.

Standing position:

a. Leg and arm swinging.
For relaxation, balance, and coordination the prospective mothers stand, resting one arm against a support, while they rhythmically swing the leg near the support and the opposite arm forward and backward.

b. Arm circling.
Large circles are described by the arms, starting at shoulder height and crossing in front of the body. This exercise is performed to aid relaxation, flexibility and circulation in the shoulder girdle.

Efficiency to Move: During each class session, efficient body movement is stressed. The "pregnette" learns how to pick up and put down objects, how to get in and out of a car or a chair, and how to go up and down stairs with as little effort, strain and jar as possible. She learns how to balance her weight over her center of gravity, and how to use her thigh muscles to regulate her speed and power in stooping, standing and sitting. As the class progresses, the girl becomes more interested in her appearance. Usually once or twice a week the "pregnette" checks her "posture" and her "girth" in the three-way mirror.

Ability to Relax: Learning how to relax is one of the primary objectives of the course. The methods of relaxation that are used are as numerous sometimes as the number in the class. Some of the relaxation techniques employed include music, imagery, suggestion and conscious relaxation. Just being in the group and discussing common problems helps some to relax, while doing exercises with other "pregnettes" accomplishes this purpose for others. Many, however, must spend a great deal of time learning how to relax.

Before being able to relax the "pregnette" must recognize her tensions and the reasons for them. She learns relaxation skills easier when she recognizes her need for relaxation. During the class sessions and at home, the prospective mother practices recognizing tight areas in her body, or areas which cause her discomfort.

Each girl is taught how to ease tensions on joints by placing a pad or pillow under the knees, the neck or the small of the back. The use of the pillow placed under the left knee when lying on the right side, or vice versa, supports the knee and keeps the weight off the enlarged abdomen.

Every girl learns all of the techniques for relaxation so she can select the method which is the most effective for her. The ability to relax at will is one of the most important and satisfying things the girl derives from the course. During labor the mother may not be able to relax completely, but this previous preparation has aided her in confidence and understanding, thus making her pregnancy easier and more enjoyable.

Evaluation of the Course: According to the letters from the "pregnettes," the knowledge, attitudes, and skills obtained from this course were beneficial to them during labor as well as throughout pregnancy. Although the girls differed in the duration and difficulty of their labor, they all expressed the belief that they profited from the course experience. They were aided in maintaining a happy, healthy pregnancy and in successfully delivering a new life. Once again a health and physical education department has assumed its unique role and demonstrated its value in the education of young women.

A few colleges are now providing successful health education and exercise classes for prospective mothers. In the future many more college and high school health and physical education departments should become cognizant of the changing needs of an increasing number of pregnant coeds.

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